

THE OFFICE OF PUBLIC INSTRUCTION  
GUIDELINES  
FOR AN EDUCATIONAL HEARING CONSERVATION PROGRAM

2004

The purpose of the HCP is to identify children with educationally significant hearing losses and to provide follow-up support to children, families and schools.

Hearing conservation includes training in prevention of hearing loss, conducting screening for hearing loss, and support for schools and families through the process of comprehensive hearing evaluations as well as technical assistance and support to families and schools.

The HCP works in tandem with the public school system in providing these services. Schools take on the primary responsibility of conducting screening and rescreening of school-age children while the HCP provides training and technical assistance, comprehensive hearing evaluations, and follow-up technical assistance and support to schools and families in the event the child has a confirmed hearing loss.

The audiologist under contract with the HCP is available to the school in the region for assistance in training screening personnel, interpreting screening results for referral, providing inservice training for teachers, counseling parents, child study team participation, public awareness programs, preschool screening, evaluation following screening, and the various other functions.

The following guideline provides a description of the services offered by the Montana Hearing Conservation Program.

I. Definitions of Terms.

- A. "Children in Montana" includes all children birth through age 21 who are Montana residents.
- B. "Audiological services" mean comprehensive audiological services which may include the screening and identification of hearing loss, aural rehabilitation, consultation regarding hearing aids and assistive listening devices as appropriate, hearing aid orientation and monitoring, and other case management responsibilities including participating in the educational planning for children with hearing impairments.
- C. "Contracting for the delivery of audiological services" means that service providers submit a complete and appropriate proposal, in accordance with these guidelines, to provide complete audiological advisement and consulting services to these schools which serve children in Montana.
- D. "Hearing impaired" means, deaf, deaf-blind, and hard of hearing as defined in 20-7-401 MCA and implementing regulations 10.16.3013, 10.16.3014, and 10.16.3016 ARM.

II. Delivery of Services.

Delivery of audiological services shall include training school personnel in screening procedures, comprehensive evaluation of hearing loss, the participation in case management responsibilities for children with hearing impairments, and coordination of aural rehabilitation service.

A. Training for Screening Personnel

The area advisor (audiologist) will have the responsibility for training the people responsible for hearing screening in the advisor's multi-county area. Repeat or update training may be necessary throughout the school year.

B. Screening and Identification

No HCP personnel are involved in the screening of school-age children; this duty lies with the local school.

- 1. Screening. Screening tests for the school-age child are intended to identify those individuals in need of referral for further evaluation and identification. Services shall be conducted as prescribed in these guidelines described below. The mandatory grades to be screened annually may be limited to grades K, 1 and 9 or 10. Puretone screening for the school-age child should be done at frequencies of

1K, 2K and 4K, utilizing a standard portable audiometer. Other children who should be screened are teacher referrals and new children from out-of-state.

Screening should be accomplished at 20 dB for 1K, 20 dB for 2K, and 25 dB for 4K.

Follow-up rescreening should not be done for 1-3 weeks except where distance is a strong deterrent and then it may be done on the same day. Rescreening should be accomplished by personnel with a thorough knowledge of the screening process (audiologist, nurse, speech therapist, etc.). With training, modified air conduction threshold should be done to eliminate the over-referral of static mild loss or mild/moderate static high frequency losses. Other screening techniques may be utilized where more training has been accomplished. Preventing over-referral or under-referral is the priority of a good screening program.

Screening personnel should use a self-screening technique prior to screening to assure that the ambient noise will not negate valid results. The quietest room in each building should be utilized for hearing screening.

Wherever possible (existing professional staff and equipment) impedance screening should be included in the screening process.

#### a) Screening – Preschool

Preschool screening should be accomplished by the area advisor (audiologist) with the assistance of another person. Several methods of screening may be utilized. It is imperative that impedance audiometry be used in both the screening and rescreening of preschool children.

Preschool identification programs should be as comprehensive as possible. The early grades of the school program can serve as a follow-up program for those children already identified in a quality preschool process.

## 2. Audiological Referral and Assessment/Evaluation

The purpose of assessment is to determine the specific auditory sensitivity of functioning of an individual referred due to failure on initial hearing screening and/or rescreening. The audiologic assessment shall be performed by an audiologist with a license or provisional license.

The determination of the referral should be made by the area advisor (audiologist). Referral for evaluation will be made to private audiology

centers in the area or to the area program center. All evaluation centers, within a reasonable distance, should be identified for the parent. It may be assumed that the parent will choose the nearest center; however, this may not always be the case.

The center is expected to provide a timely and comprehensive report of the evaluation.

### 3. Medical Referral and Assessment/Evaluation

Medical evaluations are performed by physicians and are essential for proper diagnosis of children suspected of having hearing loss and for treatment of those children who have ear diseases. Medical services are not provided by the Hearing Conservation Program. The role of the audiologist is one of referral and monitoring.

### C. Case Management

1. The service provider shall assure that a licensed audiologist participates in the child study team process for those students known to have an educationally significant hearing impairment.
2. The scope of the service provider's case management responsibilities shall include participation in services necessary to ensure a hearing-impaired child's optimum functioning within the school community, as specified in these guidelines. Provision of services may be indicated as a result of sensorineural, conductive, or central hearing loss, because of a condition that is a result of or interacts with a hearing loss, or for any combination of the above factors.

### D. Aural Rehabilitation

1. Aural rehabilitation shall refer to services and procedures for facilitating adequate receptive and expressive communication in individuals with hearing impairment. Aural rehabilitative services and procedures shall include, but are not limited to, the following:
  - a) Identification and evaluation of sensory capabilities.
  - b) Interpretation of results, counseling, and referral.
  - c) Intervention for communicative difficulties.
  - d) Evaluation and modification of the intervention program.
2. Service providers shall participate in the provision of aural rehabilitation services, and in the coordination of effort with the school community for identified children with hearing impairments.

a) Needs Assessment:

Service providers shall (when appropriate) provide a thorough needs assessment for each identified child with hearing impairments in the contracted region. All of the following categories are to be considered to determine the need for counseling, referral, and /or the provisions of intervention services, and reported to the child study team:

- (1) Language
- (2) Amplification
- (3) Speech
- (4) Auditory/Listening Skills
- (5) Counseling
- (6) Audiological Monitoring
- (7) Academics
- (8) Least Restrictive Environment
- (9) Classroom Acoustics
- (10) Special Services (interpreters, note-takers)
- (11) Related Evaluations/Services
- (12) Consultation
- (13) Curriculum

b) Additional Services Provider Responsibilities:

Follow-up responsibilities shall include the following:

1. Mandated services to be delivered by service providers; audiological evaluation and monitoring and amplification evaluation and monitoring.
2. Services to be either provided by the service providers or referred to appropriately licensed and trained personnel: auditory training/listening skills, language, speech, counseling, academics, modification of classroom acoustics, consultation, and curriculum.

### III. Administration of Services.

Administration of audiological services shall include the service provider's program management and program administration.

#### A. Program Management

Program management shall include, but not be limited to, the preparation, processing, and implementation of a service contract for the delivery of audiological services to all children in the contracted geographical region. Program management shall have two major components:

1. The contract proposal which delineates the various components of the proposal submitted for the award of the service contract.
2. The contract implementation which directs how the contract is executed as specified by the contract proposal and the guidelines for services.

#### B. Program Administration

Program administration shall have two priorities:

1. The service provider's internal administration to determine that the necessary staff, facilities, and equipment are available to undertake their charge.
2. The service provider's interaction with the school communities in the contracted area to ensure that sufficient communication channels are present to meet the needs of the hearing-impaired children in the area.

#### C. Records

1. Service providers shall develop and maintain records as may be necessary or useful in assuring the quality performance of this contract.
2. All program service, administrative, financial, client, or other records relating to the performance of this service shall be retained by the service provider for the contract period. These will be placed in proper order by the provider on or before June 30 of each year and shall be made ready for transfer to the succeeding provider if service procedures change for any reason.
3. The state of Montana, the Montana Legislative Auditor, the United States Department of Education, the Comptroller General of the United States, or any of their duty authorized agents or representatives, shall, until the expiration of five (5) years from the completion date, have the right to review those books, records documents, papers and other supporting data which involve transactions or which will permit adequate evaluation of the cost or pricing data submitted, along with the computations and projections used therein.

#### D. Evaluation

1. The service provider shall guarantee that the Office of Public Instruction (OPI), and/or their representatives, may conduct periodic on-site assessments of provider's services and program management in order to ensure compliance with the terms of this contract. When an assessment is complete, the OPI will supply the service provider with a written summary of the assessment. When the OPI specifies that the assessment reveals non-compliance of the terms of service provisions, the service provider shall, within 30 days of receipt of the written summary, submit a detailed plan and timeline for correcting the problems and coming into full compliance with the terms. Failure to comply will be deemed a default by the service provider.
2. The service provider shall provide accountability reports, charges for services, travel schedules, and calendars of service on a regular schedule determined by the coordinator of the HCP.

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Signature

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Date